

## West Nile Virus Questionnaire – Veterinary Suspect or Confirmed Positive Cases

Immediate telephone reporting to local public health officials, chain of command and DoD-GEIS (301-319-9346/9769, fax 301-319-9104) is requested for suspect or confirmed positive cases, even if not all of the variables are known.

### CALLER INFORMATION

Name/title: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail: \_\_\_\_\_  
Military Installation and Facility: \_\_\_\_\_

### VETERINARY CASE INFORMATION (excluding avian mortality)

Species: \_\_\_\_\_ State: \_\_\_\_\_  
Age: \_\_\_\_\_ County: \_\_\_\_\_  
Onset of illness: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinical symptoms: (check all that apply)

- ☐ Encephalitis
- ☐ Meningitis
- ☐ Paralysis
- ☐ Ataxia
- ☐ Fever
- ☐ Other: \_\_\_\_\_

General description of case:

\_\_\_\_\_  
\_\_\_\_\_

Name of attending veterinarian: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Veterinary clinic or hospital: \_\_\_\_\_

Was the illness fatal? \_\_\_\_ Yes \_\_\_\_ No

If yes, was necropsy performed? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of person performing necropsy: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Additional information related to this case: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LABORATORY

Laboratory: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Date tested: \_\_\_\_/\_\_\_\_/2000

Check test performed:

- ☐ ELISA
- ☐ Virus neutralization
- ☐ Virus isolation
- ☐ RT-PCR
- ☐ FA
- ☐ HI
- ☐ Plaque assay
- ☐ Other: \_\_\_\_\_

Result: (positive, negative, or equivocal)

Result: IgM: \_\_\_\_\_ IgG: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Result: \_\_\_\_\_

Specimens available? Yes No Unknown

If yes, list: \_\_\_\_\_

Result confirmed? Yes No

If yes, confirming laboratory: \_\_\_\_\_

Test used for confirmation: \_\_\_\_\_

Have you requested USAMRIID, CDC or another laboratory to confirm test? Yes No

If yes, have arrangements been made? Yes No

Where are the specimens to be sent? \_\_\_\_\_

Who is the point of contact for this case if other than the caller?

Name (first, last): \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_